

510 (k) Summary

DEC 21 2000

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR § 807.92.

I. General Information.

Establishment:

Address:

Siemens Medical Systems, Inc.

186 Wood Avenue South

Iselin, N.J. 08830

Registration Number:

2240869

Contact Person: Mr. Jamie Yieh

Technical Specialist, Regulatory Submissions

(732) 321-4625 (732) 321-4841

Date of Summary Preparation:

10/6/00

Device Name:

• Trade Name:

MAGNETOM CONCERTO

• Classification Name:

Magnetic Resonance Diagnostic Device, CFR § 892.1000

•Classification: Class II

Performance Standards:

None established under Section 514 the Food, Drug, and Cosmetic Act.

II. Safety and Effectiveness Information Supporting Substantial Equivalence.

Device Description:

Intended Use

The MAGNETOM CONCERTO is an open, whole body scanner with higher gradient amplitudes. The MAGNETOM CONCERTO is indicated for use as diagnostic imaging device to produce transversal, sagittal, coronal and oblique images of the internal structures of the head or body. The images produced by the MAGNETOM CONCERTO reflect the spatial distribution of protons (Hydorgen nuclei) exhibiting magnetic resonance. The NMR properties that determine the image appearance are proton density, spin lattice relaxation time (T1), spin-spin relaxation time (T2) and flow. When interpreted by a trained physician, these images provide information that can be useful in determining a diagnosis.

Technological Characteristics

The MAGNETOM Concerto with higher gradient amplitudes is substantially equivalent to the currently available MAGNETOM Open Viva.

General Safety and Effectiveness Concerns:

Operation of the MAGNETOM Concerto is substantially equivalent to the commercially available MAGNETOM Open Viva System. The following are the safety parameter with action levels:

- Maximum Static Field
- Rate of Change of Magnetic Field
- **RF** Power Deposition
- Acoustic Noise Levels

and performance levels

- Specification Volume
- Signal to Noise
- **Image Uniformity**
- Geometric Distortion
- Slice Profile, Thickness and Gap
- High Contrast Spatial Resolution

specified by the FDA guidance document for MR Diagnostic Devices were evaluated within this notification. The reduction in the minimum rise time of the system will affect both the acoustic noise level and the rate of change in the magnetic field strength (dB/dt), as well as certain performance levels with the system. However, the new levels are not significantly changed and, in the case of safety, parameters remain below the level of concern.

• Substantial Equivalence:

Laboratory testing were performed to support this claim of substantial equivalence and to show that the technological differences do not raise any new questions pertaining to safety and effectiveness.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC 21 2000

Jamie Yieh
Technical Specialist, Regulatory Submissions
Siemens Medical Systems, Inc.
Sales and Service
186 Wood Avenue South
Iselin, NJ 08830

Dear Mr. Yieh:

Re: K003192

Magnetom Concerto
Dated: October 6, 2000
Received: October 12, 2000

Regulatory class: II

21 CFR 892.1000/Procode: 90 LNH

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for <u>in vitro</u> diagnostic devices), please contact the Office of Compliance at (301) 594-4639. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Daniel G. Schultz, M.D.

Captain, USPHS

Sincerely yours,

Acting Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

510(k) Number (if known) <u>K003/92</u>

Device Name: Magnetom Concerto

Indications for Use:

The MAGNETOM CONCERTO is an open, whole body scanner with higher gradient amplitudes. The MAGNETOM CONCERTO is indicated for use as diagnostic imaging device to produce transversal, sagittal, coronal and oblique images of the internal structures of the head or body. The images produced by the MAGNETOM CONCERTO reflect the spatial distribution of protons (Hydorgen nuclei) exhibiting magnetic resonance. The NMR properties that determine the image appearance are proton density, spin lattice relaxation time (T1), spin-spin relaxation time (T2) and flow. When interpreted by a trained physician, these images provide information that can be useful in determining a diagnosis.

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	Concurrence of CDRH, Office of Device Evaluation		
Prescription Use	√	OR The land	Over-The-Counter Use

(Division Sign-Off)
Division of Reproductive, Abdominal, ENT, and Radiological Devices
510(k) Number K003192